G. R. S. 58]

Previous references.

Paud J 187 of 93-94. 1895-96. **191.**

(Paud J)

File No. 54 of 9596.

Serial Nos. 1-2.

Later references.

Mad 244-28-(1-12)

2-3154 28. 31, 53, 73, 82 etc

25

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. 1-2.

Major. **Part B for** September.

SUBJECT.

The Management of the Lunatic Asylum, Bangalore, so far as the Patients belonging to the Civil and Military Sts are Concerned.

J 261 3313. 26-8-95.

1674

From

The A. A. G. the Resident

— Forwards a Copy of Residents Proceedings Sanctioning the Rules for the Management of the Lunatic Asylum, Bangalore.

3155 3-9-95.

J346

To the Officer in Ch: of L. Asylum

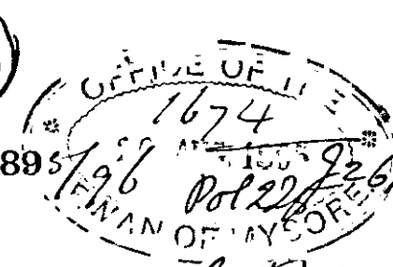
— forwards Copies of the above Rule

GPB—3,500—21-7-14

K. Pangs 7.

Gen. 30.]

(23)



1895

From J Sec / 1st Asst to the Resident in Mysore

To

The Chief Secretary to the
Govt. of Mysore.

Dated 26 August 95-

Despatched

Received

Enclosure No. 2

General No. 3313
No.

Forwarding a copy of Resident's proceedings sanctioning the rules in Section XVII of the Madras Medical Code Vol II for regulating the management of the Lunatic Asylum in the City of Bangalore.

References to be marked.

27/9/95

Subs with references.
BS. 27/9

To the Vr Comr
27/9

Copy to Vr in

chge of the Lunatic Asylum
The whole enclosed on
the subject may now
be punched in an Inward
Dis in extenso. The
Asst Secy wanted a perusal
of the papers sent to the asylum
from C for Sl with
the separately assisted
as mentioned

27/9/95-

M.G.O.P.B.—4-12-95—3000

SECTION Paul J
FILE No. 54 of 95-96.
SERIAL No. 1.
FROM

No. 3313 Encl 2

23 (1)

THE FIRST ASSISTANT TO THE RESIDENT IN MYSORE.

To

The Dewan of Mysore.

Sl. 17 P.I.J 187 of 93-94

Dated Bangalore, 26th August 1895.

SIR,

With reference to paragraph 3 of your letter No. X.361-J.36 dated the 3rd ultimo, I am directed to forward, for information, a copy of the Resident's proceedings* sanctioning the rules in Section XVII of the Madras Medical Code, Volume II for regulating the management of the lunatic asylum in the City of Bangalore so far as the patients belonging to the Civil and Military station are concerned.

* No. 3213 d/17/8/95

2. The book received with your letter No. 1192-J.12 of the 20th July last is herewith returned with thanks.

I have the honor to be.

Sir,

Your most obedient servant.

Refer 26/8 Dewan

K.S. Erskine Captain.

1st Assistant Resident.

Encl to Sl 23 al.

Proceedings of the Resident in Mysore,
No. 3213, dated Bangalore, the 17th August 1895.

READ AGAIN—

Notification by the Resident in Mysore No. 2739 of the 19th July 1895, appointing the Lunatic Asylum in the city of Bangalore to be a place for the reception and detention of lunatics belonging to the Civil and Military Station of Bangalore, and nominating visitors for the said asylum so far as the patients of the Station are concerned.

ORDER.—No. 3213, DATED BANGALORE, THE 17TH AUGUST 1895.

Under the provisions of clause 2 of the rules quoted in the Notification read above and with the consent of the Government of Mysore, the Resident in Mysore is pleased to sanction the rules contained in Section XVII of the Madras Medical Code, Vol. II, for regulating the management, etc., of the Lunatic Asylum in the city of Bangalore so far as the patients belonging to the Civil and Military Station are concerned and so far as the said rules are capable of application.

Section XVII of the Madras Medical Code is attached for ready reference.

K. S Erskine, CAPTAIN,
First Assistant to the Resident.

To—The District Magistrate and Collector, Civil and Military Station.
The Residency Surgeon.

(24)

No. 3155 / 3546 dt 3-9-95.

SECTION Paul J GOVERNMENT OF MYSORE

FILE No. 5x of 95-96.

SER'AL No. 1x

Read.

Letter dt: 3313 of 26: Aug. 1895 from the 1st Asstt to the Resident in Mysore with its enclosures

x Proceedings of the Resident in Mysore dt: 3213 of 17: Aug 95

Rules contained in Sec XVII of the Mysore Medical Code Vol. II.

Ordered thereon.

The foregoing copies will be forwarded to the Officer in charge of the Lunatic Asylum, Bangalore City, for information and guidance.

2. The cost of maintenance of the lunatics sent to the State Asylum from the Civil and Military Station, Bangalore, will be ~~separate~~ adjusted as heretofore

JWM
30.8.95

Sent Secret

To be printed in extenso

L

The Officer in charge

Lunatic Asylum

Bangalore.

Encl 249 2

Proceedings of the Government of Mysore.

READ :—

Letter No. 3313, dated 26th August 1895, from the First Assistant to the Resident in Mysore, with its enclosures.

With reference to paragraph 3 of your letter No. 361—J. 36, dated the 3rd ultimo, I am directed to forward for information a copy of the Resident's Proceedings* sanctioning the Rules in Section XVII of the Madras Medical Code, Volume II, for regulating the management of the Lunatic Asylum in the City of Bangalore so far as the patients belonging to the Civil and Military Station are concerned.

No. 3213, dated 17th August 1895.

2. The Code received with your letter No. 1192—J. 125 of the 20th July last is herewith returned, with thanks.

Proceedings of the Resident in Mysore, No. 3213, dated, Bangalore, the 17th August 1895.

READ AGAIN :—

Notification by the Resident in Mysore, No. 2739, of the 19th July 1895, appointing the Lunatic Asylum in the City of Bangalore to be a place for the reception and detention of lunatics belonging to the Civil and Military Station of Bangalore, and nominating visitors for the said Asylum so far as the patients of the Station are concerned.

ORDER.—Under the provisions of clause 2 of the Rules quoted in the notification read above, and with the consent of the Government of Mysore, the Resident in Mysore is pleased to sanction the Rules contained in Section XVII of the Madras Medical Code, Volume II, for regulating the management, &c., of the Lunatic Asylum in the City of Bangalore so far as the patients belonging to the Civil and Military Station are concerned and so far as the said Rules are capable of application.

Section XVII of the Madras Medical Code is attached for ready reference.

Rules contained in Section XVII of the Madras Medical Code, Volume II.

Madras Medical Code, Section XVII, Lunatic Asylums.

SUB-SECTION I.

1. *Official Visitors, &c.*—Asylums have been established at the following stations for the reception and treatment of lunatics :—

Central—Madras.
District—Trichinopoly.
" Vizagapatam.

2. There shall be for every Asylum three official visitors, one of whom at least shall be a medical officer. The Inspector General of Jails shall also be an ex-officio visitor of Asylums.

3. The official visitors for the Presidency Asylum shall be the Inspector General, Indian Medical Department, the Deputy Inspector General, Presidency Division, and the Sanitary Commissioner, the Commissioner of Police, and the Surgeon of the 2nd District.

The official visitors for a Provincial Asylum shall be the Deputy Inspector General, Indian Medical Department of the Division, in which it is situated, a Magistrate, and the Civil and Session Judge of the Zillah.

4. The Inspector General, and the Deputy Inspectors General, British Medical Service, shall also, at all times, have access to patients of Her Majesty's British Service who may be under treatment in an Asylum, and may communicate their wishes regarding such, through the usual official channel.

5. Two or more of the official visitors, one of whom shall be a medical officer, shall, once at least in every month together inspect every part of the Asylum of which they are visitors; make such inquiries as they may deem necessary regarding the comfort and welfare of the patients; see the order and certificate for each admission since the date of last inspection, and make any

remarks which they may think necessary regarding the condition and management of the institution, in a book to be kept for that purpose. A copy of the remarks in the Visitors' Book shall be forwarded quarterly to the Inspector General, Indian Medical Department, for submission to Government.

6. The ordinary control and superintendence of each Lunatic Asylum, as in the case of other Hospitals, are vested in the Deputy Inspector General of the Division, who shall, at least once every month, inspect the Asylum.

SUB-SECTION II.

7. *Admission and Discharge of Patients, Military and Civil.*—MILITARY PATIENTS—Officers (Commissioned and Non-commissioned), soldiers, or sepoys, shall, on becoming manifestly insane, if stationed in Madras, or any station communicating with it by rail, be at once transferred to the Presidency Lunatic Asylum for treatment.

Officers, soldiers, or sepoys, on becoming insane at a station, or within a moderate distance of a station, in which there is a District Lunatic Asylum with suitable accommodation, shall in the same manner be removed to it as early as possible for treatment.

8. Officers, soldiers, or sepoys becoming insane in other stations than those specified in paragraph 7, shall remain under the immediate charge of the medical officer, whose duty it is to attend on them, for a period of three months, unless some pressing circumstances connected with the patient's general health, or the movements of corps, should demand their immediate removal.

9. If, at the expiry of three months, an officer suffering from insanity shall show no signs of recovery, the medical officer in attendance shall then, through the Deputy Inspector General of Division, adopt measures for his removal to the Presidency for disposal. In all such instances a minute medical history, in duplicate, of the case, according to Form *C.*, and certificate according to Form *A.*, must accompany the patients.

10. If, after the expiry of the three months, an insane Non-commissioned officer, soldier, or sepoy should show no signs of recovery, he shall then be sent to the Lunatic Asylum at the Presidency. In the case of those belonging to Her Majesty's British Army, the order of the Commander-in-Chief, and sanction of the Inspector-General, British Medical Department, are required for the transfer, and a full medical history of the case in the regulated form, and certificate in Form *A.*, must be sent with the patient.

In the case of persons belonging to Her Majesty's Indian Army, the order of the Commanding Officer of the corps or station to which the party belongs, and the sanction of the Deputy Inspector General of the Division are required, and a full medical history of the case, according to Form *C.*, and certificate in Form *A.*, must accompany the patient.

11. With regard to insane sepoys belonging to regiments serving in Saugor Division, Burmah, and other distant stations, they shall be detained, if necessary, under treatment in the Regimental Hospital for a period of four months; and should no sign of recovery be then apparent, they are to be brought before an Invaliding Medical Committee for final disposal.

12. The authorities in whom is vested the power of granting an order for the admission of Military patients into a Lunatic Asylum are:—

The Governor in Council.	
The Commander-in-Chief.	
Officers Commanding Divisions or Brigades.	Subject to confirmation of Commander-in-Chief.
Inspector General, Indian Medical Department.	Prior to the transmission of a military or civil patient, it should be ascertained from the superintendent, or officer in charge of the asylum to which it is intended to send the patient, whether accommodation is available or not.
Inspector General, British Medical Service.	
Officers Commanding Stations or Corps.	

Judicial, dated 3rd September 1895.

13. Every admission into a Lunatic Asylum of a military patient belonging to the Indian Army, except when effected by direct order of the Inspector General, Indian Medical Department, must be immediately reported by the Superintendent to the Deputy Inspector General of the Division, and the order of admission, medical history, and certificate be at the same time forwarded for the information of the Inspector General, Indian Medical Department.

The admission into an Asylum, of an officer or soldier of the British Army must be immediately reported to the Inspector General, British Medical Service, with whom the Superintendent will communicate directly on all matters connected with the admission, discharge, or removal to England of military insanes belonging to the British Service.

14. Regimental clothing, money, or other valuables sent along with a Non-Commissioned officer or soldier of Her Majesty's British Army to a Lunatic Asylum, shall be returned immediately to the Adjutant of the corps to which he belongs, and his receipt obtained for the same. In the case of Native soldiers, sums of money should be sent to the Brigade-Major; but clothing, cooking utensils, &c., may be kept in the Asylum while the patients remain there.

15. As removal from a tropical climate generally proves beneficial to Europeans afflicted with insanity, all such persons shall, if they show no signs of amendment at the expiration of six months from date of admission, be sent to England at the public expense. If, however, the medical officer in charge of an Asylum should deem it necessary that any such should be sent there at an earlier period, he shall forward a recommendation to that effect, supported by the approval of the Deputy Inspector General of Hospitals of the Division.

16. Whenever it is thought necessary to send a patient to England, the Superintendent of the Asylum shall forward, through the usual channel, for transmission to the Inspector General, Indian Medical Department, a letter on the subject enclosing a statement, in quadruplicate, of the medical history of the case, together with all available information concerning the name, address, and occupation of the next of kin of the patient. In the case of officers and soldiers of the British Service, these documents will be forwarded to the Inspector General, British Medical Service, for disposal.

17. On the receipt of the order for the despatch of the patient to Europe, the Superintendent shall forward an indent for such out-fit and necessaries as may be required for the use of the patient during the voyage.

18. On the receipt of an intimation from the Quarter Master General of the Army of the time fixed for embarkation, the Superintendent of the Asylum shall apply to the Brigade-Major of Fort Saint George for an European guard to attend at the embarkation of the patient; an European keeper of the Asylum shall also be in attendance, and he shall procure the signature of the Officer Commanding Troops on board, or of the Commander of the ship, for the receipt of the person of the patient and his baggage. The date of embarkation of soldiers of the British Army is to be reported to the Officer Commanding the Regiment to which the soldier belongs, and to the Commandant of the Depôt at Poonamallee.

19. When a patient is considered sufficiently recovered to be restored to liberty, the Superintendent shall forward, through the usual channel, a discharge certificate to the Inspector General, Indian Medical Department; and on the certificate being returned confirmed by him, the patient is to be sent to the Brigade-Major's office for orders. In the case of officers or soldiers of the British Service, the discharge certificate will be forwarded to the Inspector General, British Medical Department, for disposal. All such discharge certificates are to be kept as records in the office of the Superintendent of the Asylum, and a notice of the discharge is to be immediately communicated to the officer under whose order the patient was sent to the Asylum.

20. In case of the escape of a patient, notices of the same are to be instantly forwarded to the Deputy Inspector General, Indian Medical Department, and to the officer in charge of Police, in order that measures may be taken for his recap-

ture. Deaths are to be reported to the Deputy Inspector General, Indian Medical Department, and Brigade-Major.

21. CIVIL PATIENTS.—A Covenanted Civil Officer who may become insane shall be forwarded to the Presidency to be disposed of by Government, and the medical officer, who has been in charge of the case, shall send along with the patient a complete medical history, according to Form *C.*, in duplicate, and certificate according to Form *A.*

22. An Uncovenanted Civil Servant, when insane, may be sent to a Lunatic Asylum under the order of a Magistrate, or the Commissioner of Police, in Form *A.*, from medical officer. A complete medical history, according to Form *C.*, must also be furnished, if the pat ent has been under regular treatment. Such a patient may be handed over to the care and custody of a relative or friend by order of the Magistrate, or Commissioner of Police, who sent him to the Asylum, (see paragraph 27, Section 11 of these Rules). When he is considered fit to be discharged, the Superintendent shall forward a discharge certificate, and obtaining the sanction of three of the official visitors, shall discharge him, and send a notice of the order of discharge to the public officer under whose order the patient was detained (see pargraph 28, of Section II of these Rules).

23. PERSONS NOT BELONGING TO THE PUBLIC SERVICE.—A lunatic, or any person supposed to be dangerous by reason of lunacy, not belonging to the Public Service, may be received into a Lunatic Asylum under an order from a Civil Court, Magistrate, or the Commissioner of Police, as specified in the Lunacy Act, No. XXXVI of 1858; and every such order must be accompanied with the certificate of a medical officer in the Form *A.* In the case of patients so admitted, the Superintendent of the Asylum is to request the Court, or authority furnishing the order of admission, to ascertain whether there is property belonging to the lunatic available for the expenses of his maintenance, &c., or any relatives able and legally bound to support him; and should such property or persons exist, then measures *must* be taken to relieve the Government of all expenses connected with the treatment and maintenance of the patient.

24. It is competent also for the relative or friend of a person who is a lunatic, to require his admission into a Lunatic Asylum, provided he gives an order and statement of particulars according to Form *B.*, and furnishes the medical certificate in Form *A.*, of two persons, each of whom must be a Physician or Surgeon, and one a Surgeon in the employment of Government. When, however, such an order is presented to the Superintendent of the Asylum, he may, before admitting the patients, require the person who has made the order to engage to pay all expenses connected with the maintenance, &c., of the lunatic.

25. A medical officer granting a certificate of lunacy shall, in all cases when the patient has been under his treatment, furnish a complete medical history of the case in Form *C.*, and neglect of this important duty will be immediately brought to the notice of the Inspector General, Indian Medical Department. If the lunatic has not been under the care of the certifying medical officer, he shall then collect from the lunatic's friends all information likely to throw any light on the nature and cause of the disease, and forward this along with the medical certificate.

26. On the admission of a lunatic into any Asylum, the Superintendent shall immediately forward a report of the occurrence to the Deputy Inspector General, Indian Medical Department of the Division, for the information of the Inspector General, Indian Medical Department.

27. When any relative or friend of a lunatic is desirous to remove such from an Asylum, he must make an application to the Magistrate, or Commissioner of Police, under whose order the lunatic was sent there; and the Magistrate or Commissioner of Police, if he think fit, after communicating with one of the official visitors, being a medical officer, and upon receiving from the relative or friend a satisfactory bond in writing that the lunatic will be properly cared for and prevented from doing injury to himself or others, shall grant an order for the discharge of such lunatic. On the receipt of this order, the Superintendent shall thereupon discharge the patient.

Judicial, dated 3rd September 1895.

28. When a patient is considered fit to be discharged, the Superintendent shall send a discharge certificate through the Deputy Inspector General, Indian Medical Department, for the sanction of three of the official visitors, and on receiving this, will release the patient; the sanctioned certificate being kept as a record in the Asylum, and an intimation of the patient's discharge sent to the public officer under whose order he was received. Before discharging a patient, it will generally be advisable to request his friends to come and take charge of him.

When a patient about to be discharged has a long distance to proceed to his place of residence, and no money or friends to assist him, a small sum, sufficient to cover travelling expenses, will be given to him when he leaves the Asylum.

29. Clothing and other property brought with patients to the Asylum will be deposited in the store-room, to be restored on discharge. Accounts of property received in this way must be carefully kept.

30. In case of death, the funeral expenses of poor patients will be met by Government; but those of paying patients must be defrayed by the party responsible for the payment of bills of maintenance.

31. All patients who do not bear satisfactory marks of previous vaccination, or of small-pox, shall be vaccinated on admission into a Lunatic Asylum or as soon after as practicable.

SUB-SECTION III.

32. *Criminal Lunatics.*—A criminal lunatic can only be received into an Asylum under a special order of Government, which should be accompanied with a copy of the order of the Court before which he stood his trial, a medical history of his case, and a medical certificate of insanity.

33. Criminal lunatics will be kept distinct from all others in a special yard of sufficient dimensions, and are under no circumstances to be permitted to go beyond the bounds of this enclosure. They will be required to perform, within their own yard, such menial duties as can be delegated to them, and each, fit for work, must have a specific daily task of intramural labour assigned to him.

34. When the sentence of a criminal lunatic expires during his detention in an Asylum, the orders of Government regarding the disposal of him must be obtained through the usual channel.

35. When a criminal lunatic recovers before the expiry of his sentence the Superintendent shall report the circumstance to the Inspector General, Indian Medical Department, who will direct two or more of the official visitors to examine the patient, and on their being satisfied as to his perfect recovery the orders of Government will be solicited regarding the disposal of his person.

SUB-SECTION IV.

36. *Clothing, Bedding and Furniture.*—Clothing and bedding will be supplied, on indent, by the Commissariat for military, and by contract for civil, patients. Furniture will be furnished, on indent, by the contractor for Civil Hospitals.

37. Officers and others, who may have occupied a superior position in society, will be furnished with appropriate clothing and bedding, and the value of such extra articles will be included in the charges recovered for the cost of their maintenance.

38. The Superintendent may supply aged or weakly patients with extra articles of clothing, when such are considered necessary.

39. European and East Indian male patients manifesting a persistent tendency to tear clothing, will be provided with smocks and trowsers made of strong canvas. Female patients of these classes, having destructive habits,

will be furnished with canvas gowns. Native patients of destructive habits should, during the night, be deprived of all clothing, except the cloth round the loins. In many cases, however, close attention on the part of the keepers during the day, so that the patient can have no opportunity for tearing cloths, and the withdrawal of some luxury, such as tobacco or snuff, by way of punishment, will cure the bad habit.

40. As a rule, European and East Indian patients are to have clean clothing every second day, and Natives, twice weekly. Bedding must be changed at least once a week. When patients manifest a propensity to dirty bedding, clothing, or rooms with their excreta, the keepers should be instructed to take them to a latrine at regular intervals, as in this way the acquisition of a troublesome and offensive habit may be prevented.

41. Clothing for European and East Indian patients.

Males.

1 White shirt.
1 Pair gingham trowsers.
1 Pair flannel drawers (if necessary).
1 Loose jacket.
1 Flannel shirt.
1 Pair socks, worsted or cotton, according to season.
1 Cap (gingham).
1 Towel (dimity).
1 Pair slippers.
1 Pair shoes for out-door exercise.

Females.

1 White shift.
1 White gown.
1 Chintz petticoat.
1 Flannel shirt.
1 White jacket.
1 Pair stockings, worsted or cotton, according to season.
1 Towel (dimity).
1 Pair slippers.
1 Pair shoes for out-door exercise.

42. Clothing for Native patients.

Males.

1 Flannel jacket (if necessary).
1 White jacket.
1 Pair short white trowsers.

Females.

1 Flannel jacket (if necessary).
1 White cloth, 12 cubits long, 2½ cubits broad.

43. Bedding, furniture, &c., for European and East Indian patients.

Males and Females.

1 Straw bed.
1 Gingham quilt.
1 Red blanket.
2 Pillows stuffed with cotton.
1 White sheet.
1 Iron cot.
1 Table for each cottage.
1 Chair.
1 Brass basin (if there be no lavatory).
2 Plates.
1 Bowl.
1 Spoon.

44. Bedding, furniture, &c., for Native patients.

Males and Females.

1 Mat (coir, if not furnished with cot).
1 Cumbly
1 Straw bed (if necessary).
1 Straw pillow.
1 Gingham quilt (if necessary).
1 Iron cot (if necessary).
1 Tin bowl.

45. The Superintendent shall make a yearly inspection of clothing, bedding, and furniture, noting such articles as may be repairable, and such as are unserviceable. Such of the unserviceable articles as may have been supplied by the Commissariat must then be submitted to a Committee of Survey, and such as were got by contract, to the Deputy Inspector General, Indian Medical Department, and if condemned by these authorities, they will be sold on the public account.

For repairs necessary on articles of furniture, a special indent must be submitted to the Inspector General, Indian Medical Department, and the repairs will be effected by the contractor for Civil Hospitals.

28. When a patient is considered fit to be discharged, the Superintendent shall send a discharge certificate through the Deputy Inspector General, Indian Medical Department, for the sanction of three of the official visitors, and on receiving this, will release the patient; the sanctioned certificate being kept as a record in the Asylum, and an intimation of the patient's discharge sent to the public officer under whose order he was received. Before discharging a patient, it will generally be advisable to request his friends to come and take charge of him.

When a patient about to be discharged has a long distance to proceed to his place of residence, and no money or friends to assist him, a small sum, sufficient to cover travelling expenses, will be given to him when he leaves the Asylum.

29. Clothing and other property brought with patients to the Asylum will be deposited in the store-room, to be restored on discharge. Accounts of property received in this way must be carefully kept.

30. In case of death, the funeral expenses of poor patients will be met by Government; but those of paying patients must be defrayed by the party responsible for the payment of bills of maintenance.

31. All patients who do not bear satisfactory marks of previous vaccination, or of small-pox, shall be vaccinated on admission into a Lunatic Asylum, or as soon after as practicable.

SUB-SECTION III.

32. *Criminal Lunatics.*—A criminal lunatic can only be received into an Asylum under a special order of Government, which should be accompanied with a copy of the order of the Court before which he stood his trial, a medical history of his case, and a medical certificate of insanity.

33. Criminal lunatics will be kept distinct from all others in a special yard of sufficient dimensions, and are under no circumstances to be permitted to go beyond the bounds of this enclosure. They will be required to perform, within their own yard, such menial duties as can be delegated to them, and each, fit for work, must have a specific daily task of intramural labour assigned to him.

34. When the sentence of a criminal lunatic expires during his detention in an Asylum, the orders of Government regarding the disposal of him must be obtained through the usual channel.

35. When a criminal lunatic recovers before the expiry of his sentence the Superintendent shall report the circumstance to the Inspector General, Indian Medical Department, who will direct two or more of the official visitors to examine the patient, and on their being satisfied as to his perfect recovery, the orders of Government will be solicited regarding the disposal of his person

SUB-SECTION IV.

36. *Clothing, Bedding and Furniture.*—Clothing and bedding will be supplied, on indent, by the Commissariat for military, and by contract for civil, patients. Furniture will be furnished, on indent, by the contractor for Civil Hospitals.

37. Officers and others, who may have occupied a superior position in society, will be furnished with appropriate clothing and bedding, and the value of such extra articles will be included in the charges recovered for the cost of their maintenance.

38. The Superintendent may supply aged or weakly patients with extra articles of clothing, when such are considered necessary.

39. European and East Indian male patients manifesting a persistent tendency to tear clothing, will be provided with smocks and trowsers made of strong canvas. Female patients of these classes, having destructive habits,

SUB-SECTION V.

46. *Diet.*—All articles of diet for the patients will be furnished by the contractor for Civil Hospitals, and the daily supplies must be submitted every morning to the Superintendent, who will satisfy himself that the bread, meat, &c., are invariably of the very best quality.

47. No article should be received from the contractor until it has been carefully measured or weighed, and care should then be exercised that the food is properly cooked, and that each patient gets his due allowance.

48. Meals must be supplied punctually at the specified hours, and in case of any patient not eating a due quantity, or refusing food, the circumstance must be brought to the notice of the Superintendent.

49. The following are the hours at which the meals are to be served :—

Europeans and East Indians.			*Natives.*		
Breakfast	...	8 A. M.	Morning meal	...	10 A. M.
Dinner	...	1 P. M.	Evening meal	...	4 P. M.
Supper	...	6 P. M.			

50. The diet of Europeans and East Indians shall be regulated by the Diet Table below, and that of Natives, by the Diet Table for Natives, in Lock Hospitals.

DIET Table for European Sick.

Meal.	Full Diet.	Half Diet.	Low Diet.	Spoon or Fever Diet.	Milk Diet.	Remarks.
Breakfast.	Tea ½ oz. Bread 1 lb. Butter 1 oz. Sugar ¾ oz.	Tea ½ oz. Bread 1 lb. Butter ½ oz. Sugar ¾ oz.	Tea ½ oz. Bread 8 oz. Sugar ¾ oz.	Tea ¼ oz. Sugar ¾ oz.	Tea ½ oz. Bread 1 lb. Butter ½ oz. Sugar ¾ oz.	
Dinner...	A pint of broth, with barley, greens and onions, and 1 lb. of meat, either mutton or beef.	A pint of broth, with rice, barley, greens or onions, and 8 oz. of mutton of good and edible quality, or a pint of chicken soup, with vegetables as above; a chicken or half a fowl, weighing, when ready for being dressed, not less than 8 ozs.	A pint of mutton or chicken broth.	Bread ½ lb., to be made to panado or pudding, or 4 ozs. of sago with ¾ oz. of sugar.	A pint of milk (new), or a pint of rice and milk, with ¾ oz. of sugar.	*N.B.*—In both these cases the meat from which the broth is prepared is given to the patient.
Supper...	A pint of rice gruel, with ¾ oz. of sugar, seasoned with ginger or nutmeg, and a glassful of wine, should any be allowed him.	Ditto	Ditto	The same as at breakfast.	The same as at dinner.	

In specifying the quantity of each item of meat for the several kinds of diet, it is to be distinctly understood that meat in a raw state is intended, and not meat which has already been boiled.

Explanations.

The quantities of *raw rice* allowed under the different denominations of diet are as follows :—

	Full Diet.				Reduced Diet.				Spoon Diet.		
	Breakfast.	Dinner.	Supper.	Total.	Breakfast.	Dinner.	Supper.	Total.	Breakfast.	Supper.	Total.
	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.
Adults ...	4	12	8	24	4	8	6	18	4	6	10
Youths ...	3	8	6	17	3	6	3½	12½	3	3½	6½
Children ...	2	6	3½	11	1½	4½	2½	7½	1½	2½	4

Adults.. .....15 years and upwards.
Youths.....from 8 to 15 years.
Children.....under 8 years.

Computation.

16 Ounces to the pint.
16 Ounces to the pound.
16 Drachms to the ounce, Avoirdupois.

Rotation of Diet.

Sunday..... }
Tuesday..... } Meat curry.
Friday ..... }

Monday..... }
Wednesday... } Vegetable curry.
Thursday..... }
Saturday..... }

Eight ounces of raw rice, by weight, computed to boil into 20 ounces dry, by weight, and 28 ounces by measure. Mutton for curries to be inclusive of bones.

51. As insanes are frequently capricious as regards their food, and often anæmic, the Superintendent may, in particular cases, vary the diet to meet the wishes of the patient, or order such extras as he may consider necessary. When, however, the diet is changed to suit the caprice of a patient, the articles substituted for the ordinary rations must not in value exceed the cost of the latter.

52. Wine, beer or other liquors may be ordered when considered requisite, and monthly Nominal Returns of the expenditure of these articles must be sent through the usual channel for sanction.

Tobacco, snuff, or betel and nut, may be given to patients who have been accustomed to the use of them, but the giving of these articles is to be held out as a reward for correct conduct and industry; and in the case of idleness or misbehaviour, they should generally be withheld.

53. European, East Indian, and Native patients, whose means will allow of their paying for their diet, or who may have friends capable of supporting them, will be charged according to the scale authorized in the Proceedings of the Madras Government, Public Department, dated 21st March 1862, No. 363. Native Non-commissioned officers and sepoys, whether borne on the strength of the Army, or pensioned, will be charged at the uniform rate of 2 annas each per diem for rations. A pensioner, however, whose pension does not amount to Rs. 5 per mensem, will be received as a pauper.

SUB-SECTION VI.

54. *Medicines, &c.*—Medicines and surgical instruments will be furnished from the Presidency or Divisional Medical Stores on annual indent.

55. Patients are to be strictly prohibited from entering the dispensary, and the doors must be kept constantly locked when a medical subordinate may not be present in it.

56. External applications, containing dangerous substances, must either be applied by, or under the immediate superintendence of, a medical subordinate; and never more than one dose of a medicine for internal use should be entrusted to a patient. For blistering purposes a fluid preparation should be preferred to a plaster, as there is some risk attending the use of the latter.

Sub-section VII.

57. *Records and Returns.*—The Superintendent will keep the following Records, and furnish the following Returns:—

Records.

Letter Book.
Circular Book.
Return Book.
Miscellaneous Return Book.
Journal for European and East Indian patients.
Journal for Native patients.
Prescription Book.
Historical Register.
File Book.
Contingent Bill Book.
Pay Abstract Book.
Nominal Register and Index of the sick
Steward's Book.
Diet Roll Book.
Book for Official Visitors' remarks, &c.
Printed Cholera Reports in Cheque Book.
Cholera Register.

Returns.

Monthly Return of European and Native sick.
Nominal Return of expenditure of wines and spirits.
Diet Rolls for European and Native sick.
Monthly Indent on Contractor.
Salary Bill of Establishment.
Retrospective Indent.
Return of Medical Officers and Subordinates.
Receipt for materials for diets for European patients.
Receipt for materials for diets for Native patients.
General Contingent Bill for diet, &c., &c.,
Stoppage Rolls and Abstracts.
Statement of expenses incurred for dieting Native Military insane patients.
Register of petty offences.
Receipt for wines and spirits.
Half-yearly Return of Surgical Instruments.
Annual Return of European sick.
Do of Native sick.
Do of state of mind.
Do of state of mind of Native sick.
Annual Medical Report.
Return of patients received, discharged, died.
Annual Financial Statement.
Do Indent for medicines.
Abstract Annual Return of sick, and concise Medical Report.
Statement of the Establishment to Civil Paymaster.
Statement and Return of Uncovenanted Europeans attached.
Budget Estimate, Civil
Budget Estimate, Military.
Do for Stationery.
Annual Indent for Stationery.

Miscellaneous.—Report of admission of any patient to the Deputy Inspector General of Hospitals, Indian Medical Department.

Report of discharge or transfer of a patient to the authority by whom his admission was ordered.

Report of death to Deputy Inspector General of Hospitals of Military patients and casualties from violence.

Report of death of Military patients to Brigade-Major, and to the Officer or Magistrate who sent the patient to the Asylum.

Mortuary Report to the Mortuary Department, Sanitary Commission.

Insanes to England.—Return recommending patient to England.

Nominal Roll for separate berth, and letter forwarding the above.

Indent for equipment for the voyage, and letter forwarding the above for sanction to the Inspector General, British Medical Service.

Report to Brigade-Major on intimation being received of passage engaged.

Stoppage Roll and Abstract up to date of embarkation to Brigade-Major.

Letter to Brigade-Major for an escort.

Receipt for clothing and List of clothing, and Embarkation Certificate, and letter to Officer Commanding Troops on board. Medical history of each patient, and letter to the Medical Officer on board.

The signed embarkation certificate, receipt of clothing and Stoppage Roll and Abstract, with a letter to Deputy Inspector General, Indian Medical Department.

Stoppage Rolls and Abstracts of patients in Her Majesty's Service, to the Paymaster, Poonamallee.

Return of Native Military patients considered unfit for further service, and letter forwarding the above to Deputy Inspector General of Hospitals.

Report discharge of pensioned Native soldier to Brigade-Major.

Report discharge of Native pensioned soldier to Superintendent of Pensions.

Letter applying for pay of Military patients, and certificate to Brigade-Major.

SUB-SECTION VIII.

58. *Means of moral treatment, &c.*—As occupation and recreation are most useful means in the treatment of insanity, the Superintendent will spare no pains to provide the patients with suitable work and amusement.

59. For Native patients, in general, gardening, stone-breaking, rope-making, mat-making, carpentering, basket-making, road-repairing, water-drawing, and sweeping of leaves, &c., will be found appropriate kinds of labour. In giving a patient a particular kind of work, his mental and physical capabilities, and its probable therapeutical influence must receive due consideration; and, in all cases, the remedial effects of labour are to be more regarded than the pecuniary gain. For carrying out the varieties of industry specified above, the necessary tools, and a sum of money for the purchase of materials, will be sanctioned on the first introduction of the labour system into an Asylum, but thereafter it will be expected that the proceeds of work will more than cover all attendant expenses. To give encouragement to industry, a reasonable proportion of the profits may be devoted to the purchase of extra articles of diets, &c., for patients who have been diligent.

The hours for labour, and all minor details, will be left to the discretion of the Superintendent.

For the recreation of Native patients, native musical instruments and games are sanctioned; but mere amusement must never be permitted to trespass on the hours for labour. For educated Natives, books in the Vernaculars and writing materials will be supplied.

60. For the mental occupation and recreation of Europeans and East Indians, periodicals, books, musical instruments, games, and writing and drawing materials, will be provided. Every effort should also be made to induce patients of these classes to take regular exercise, and engage in some appropriate out-door occupation, such as tending a garden plot and range of flower-pots or superintending a gang of Native patients at work.

61. Tractable and well-behaved patients may, at the discretion of the Superintendent, be allowed to go out for a few hours of the day on parole, accompanied by a keeper. Native patients, who are quiet, may, in charge of keepers, be employed in carrying things to or from the bazaar.

62. The relatives or friends of patients will be allowed to see them at stated intervals, when the visit is not likely to prove prejudicial; but some official of the Asylum staff must be present during the interview.

63. No one unconnected with the establishment, except the official and ex-officio visitors, shall be permitted to enter an Asylum without an express order from the Superintendent.

Letters for, or from patients must always be submitted to the Superintendent, prior to delivery or despatch. In case of a letter for a patient containing anything likely to produce or aggravate excitement, it should be returned to the writer with an explanatory note; and letters from patients may be forwarded or not, as the Superintendent thinks proper.

Judicial, dated 3rd September 1895.

SUB-SECTION IX.

64. *Classification of patients.*—Patients are to be classified as follows, and arranged accordingly:—

Military and Civil Lunatics.	1. Females	1. Europeans		1. Tranquil and convalescent.
		2. East Indians		2. Troublesome, violent, and noisy.
	2. Males	3. Natives	1.	Convalescent, and tranquil and industrious.
			2.	Impetuous, irritable, and not regularly industrious, and those under observation.
			3.	Violent, noisy, and idle.
			4.	Of dirty habits.
Criminal Lunatics.	1. Females*	1. Europeans		
		2. East Indians		1. Tranquil and industrious.
	2. Males	3. Natives		2. Violent and idle.

SUB-SECTION X.

65. *Sanitary Arrangements.*—The cubic capacity and superficial area of all the rooms of an Asylum are to be accurately ascertained and entered in a Register, which shall also specify the number of patients that each is capable of containing, and under no circumstances is the regulated number of inmates to be exceeded.

66. The space and area allowed for each patient shall not be less than as follows:—

European and East Indian Patients.

Superficial area	100 feet.
Cubic space	1,500 feet.

Native Patients.

Superficial area	60 feet.
Cubic space	800 feet.

67. Care must be taken that there is ample provision for side and roof ventilation. During the day, doors and windows should be kept constantly open, and the bedding freely exposed to light and air.

68. The dry-earth conservancy system is to be carried out in all Asylums, one or more latrines being provided for Europeans and East Indians, and a sufficient number for native patients.

69. For use during the night, every room inhabited by European or East Indian patients shall be provided with self-acting earth closets. Rooms occupied by Natives shall be provided with an urinal, earth closet (of simple construction), earth reservoir, and wooden scoop, and the patients are to be instructed in the use of them. The part of the floor on which these vessels are placed must be protected by a coating of asphalte or coal tar, and over this a thick layer of dry earth should be put down and removed daily.

70. The night vessels must be put in their proper places at 4 P. M. daily, and removed as soon as the doors are opened in the morning to some suitable places, where their contents will be disposed of in the prescribed manner. The vessels are then to be thoroughly cleaned and scrubbed with dry earth, and exposed to the sun during the day.

71. When the patients go out in the morning, the rooms are to be swept and cleaned, and bedding spread out for airing. In case of any patient having soiled the walls, floor, or bedding with excreta, proper means must be taken for the thorough cleansing of these, and the circumstance be brought to the notice of the Superintendent.

72. Great attention should be paid to secure pure water for drinking and cooking purposes. A due proportion of *country filters* will be allowed for every Asylum, and care must be taken to keep these in a clean and efficient condition.

73. An ample supply of water for bathing purposes must also be secured, as there are few secondary remedial means more useful in the treatment of insanity than bathing. Douche and shower-baths, and bath tubs will be provided for all

*Must be kept in a distinct enclosure, and all interview with males strictly prohibited.

Asylums. All patients should be required to take a bath daily; and Native patients who may have been engaged in work, should be washed before being shut up in their rooms for the night.

74. The conservancy of wells by the removal of mud and other filth, and preventing the entrance of leaves, storm water, and sewage, is to be carefully attended to.

SUB-SECTION XI.

75. *General Rules.*—On the arrival of a new patient, he is to be washed, have his hair cut or shaved, and receive Asylum dress. He will then be left for a short time under observation until his habits, disposition, &c., have been ascertained, so as to admit of his being placed in the appropriate class.

76. The doors are to be opened under the immediate inspection of a Medical Warrant Officer at 5 A. M, or day-light; and every room and its furniture, as well as the person of every patient, must be carefully examined. If any patient show signs of excitement or sickness, he is to be brought to the notice of the Superintendent at the morning visit.

77. The patients will then be taken out for exercise or labour, working patients being formed into small gangs. Each gang will be put in charge of two or more Keepers, who will direct the men in their work, and be responsible for them until they return to their rooms.

78. Every Keeper accompanying a gang will be furnished with a whistle, which he will sound in case of any serious difficulty or danger arising; and on hearing the whistle, all other Keepers in the neighbourhood must hasten to render assistance.

79. Any unusual accident, such as an attempt to escape or commit suicide or homicide, must be immediately reported to the Superintendent.

80. In case of a patient receiving an injury, self-inflicted or otherwise, the Keeper in charge must at once report the circumstance to the Apothecary. Should the injury be of a serious nature, it must be brought to the notice of the Superintendent immediately.

81. The food for the patients will be served out to them under the immediate inspection of the European Keepers, who will see that it has been properly cooked, and that each gets his due allowance. Meat and vegetables for European and East Indian patients must be cut into small pieces, so that they can be easily eaten with a spoon.

82. The first and second class Native keepers will attend on European and East Indian patients when eating their meals, and must help such of them as may be unable to feed themselves.

83. In case of a patient refusing all sustenance, the circumstance must be reported to the Superintendent, and no attempt should be made to force such to swallow food except in his presence.

84. Native patients during meals will be arranged in gangs, so that those who refuse food, or are unable to feed themselves, can be observed, any attempt on the part of one to take the rations of another prevented, general order maintained, and assistance rendered when necessary. While the patients are eating, the water-woman must be in attendance with drinking water, and a pot of water should also be carried out with every gang proceeding to work.

85. In the evening, the patients must be collected, mustered, and shut up in their wards at $6\frac{1}{2}$ P. M., under the inspection of one of the Apothecaries. The persons of the patients, the rooms, and the furniture are then again to be strictly examined, and any dangerous instrument or thing found is to be removed. At this time, the Apothecary will see that the earth closets and urinals are in their proper places, and that there is a due supply of drinking water in each room.

86. When patients are noisy or violent during the night, the European and Native keepers must speak to and endeavour to quiet them; but should that have

no effect, the Apothecary must visit and seek to pacify them. A few kind words, bit of tobacco, drink of cold water, or re-adjustment of bedding will often have the desired effect.

All such occurrences are to be reported to the Superintendent in the morning.

87. No mechanical instruments of restraint are to be used under any circumstances. If a patient is violent, destructive, or dangerous, he must be put in charge of a number of keepers sufficient to make him feel that resistance is useless, and violence impracticable.

88. All cases of sickness occurring by day or night are to be immediately reported to the Apothecary, who will have the patients removed to the hospital for treatment.

89. No spirituous liquors or intoxicating drugs are to be introduced into an Asylum, and as the craving for these on the part of insanes is often so strong as to lead them to adopt clandestine means of getting them, all keepers, servants and guards are to be specially warned on this subject. Any asylum servant found transgressing this rule, or permitting others to do so, shall be suspended or dismissed.

90. No letters or messages between patients and their friends must be carried without the express sanction of the Superintendent.

91. All Asylum attendants are strictly prohibited from receiving presents of any kind, either from patients or their friends, and from selling or making presents of things to patients.

92. Keepers and servants must not quarrel with each other, or make a noise, but attend to their duties in a quiet and orderly manner.

93. Servants are not to employ patients to assist them in their duties, without express sanction ; and all servants who get patients to help them, will be held responsible for their cleanliness and safety.

Sub-section XII.

94. *Superintendent.*—The Superintendent of an Asylum shall be a medical officer specially selected by Government, and is to abstain from engaging in general practice, except when called to visit persons afflicted with insanity. The appointment of Superintendent is on the same footing as regards salary, &c., as a first class civil station.

95. He shall have the immediate charge and management of the Asylum, under the control of the Deputy Inspector General, Indian Medical Department. His duties shall embrace the direction of every thing connected with the treatment of the patients; the regulation of diet, clothing, and work ; the consideration of every thing bearing on the hygiene of the Asylum, and its inmates ; the control of the subordinate officers and servants ; the charge of all Government property connected with the Asylum ; the general superintendence of manufactures and gardens ; and the improvement and embellishment of the Asylum grounds.

96. In regulating the conduct and habits of the insane, he must carefully discriminate between acts which they are able, and those which they are unable, to control ; and while exercising inflexible firmness, at the same time manifest kindness, sympathy and patience. He must also, as the patients are necessarily left for a great part of the day in charge of the Keepers, endeavour to secure attendants as well qualified as possible for these important duties, and seek, by considerate treatment, to render them contented with their position, and by vigilant supervision to prevent harshness or negligence.

97. The Superintendent shall regularly visit the Asylum in the morning, and as often during the day or night, as circumstances may render necessary. At the morning visit he shall see every patient, inspect the premises and give such orders and adopt such measures as may be required. He shall also at uncertain periods visit gangs at work, inspect the meals of the patients, and see that the Keepers are attending to their duties. At the Presidency quarters are provided for the Superintendent on the Asylum grounds.

98. He shall also take care that the various records specified in Sub-section VII are duly kept, and enter in the journal the case of each patient, with the treatment and results.

SUB-SECTION XIII.

99. *Apothecary and Assistant Apothecary.*—The Subordinate Medical Officers attached to an Asylum will be specially selected by the Inspector General, Indian Medical Department, and in addition to their specific duties, must assist in the general duties of the Asylum.

100. The medicines and medical stores will be under the care of the Apothecary, and he will be held responsible by the Superintendent for the cleanliness, ventilation, and furniture of the rooms, hospital, and latrines, and that each patient has a due supply of clean bedding and clothing. He will, with the Assistant Apothecary, inspect all the lunatics every morning and evening, and bring to the notice of the Superintendent any who may appear sick or excited; see that the orders he may receive regarding the treatment and management of patients are strictly carried out; and will aid the Superintendent in the supervision of Keepers, manufactures, and labour, and the general maintenance of cleanliness, order, and discipline. He will also take care that the various records are kept up, and returns prepared, and will have charge of the Library and Reading Room.

101. The Assistant Apothecary will obey and assist the Apothecary generally in the performance of his duties; have all prescriptions properly made up and administered; keep accounts of expenditure of medical stores; and perform the ordinary hospital duties.

102. Both Warrant Medical Officers should try to win the confidence and regard of all the patients, and in the case of those newly admitted, seek to learn their history, and note their peculiarities and symptoms, for communication to the Superintendent.

103. In carrying out the orders of the Superintendent regarding the management of patients, they must display unwearied kindness, and never allow any curative measure to acquire the appearance of a punishment or vindictive act. In case of misconduct on the part of a patient or servant, the matter should be referred to the Superintendent for his decision.

104. They will receive reports from the Keepers regarding patients, &c, investigate every thing brought to their notice, and be ready at all hours to render assistance in case of accident, turbulence, or sickness. They are to report to the Superintendent, at his visit, every circumstance that should be brought to his notice, and in case of any emergency, to make an immediate report.

105. They will on alternate days inspect the rations after they have been cooked, and the senior will report daily to the Superintendent as to their condition and quantity. Should an European Keeper at meal time report that any patient refuses food, the Apothecary will visit him and ascertain the cause of the refusal.

SUB-SECTION XIV.

106. *Matron.*—The Matron of a Lunatic Asylum will be specially selected by the Inspector General, Indian Medical Department, and will have the general management and supervision of all the female patients.

(*a*) She will be held responsible for the maintenance of cleanliness, order and discipline, and will strictly carry out all the orders issued by the Superintendent regarding the treatment and management of the female patients.

(*b*) It will be the duty of the Matron to see that the women are kept clean in their person and clothing, and that the rooms and bedding are properly aired. She will also see that the proper quantity of food is issued to each patient under her charge, and in the case of any of them refusing their food she will report the circumstance to the Senior Apothecary. She must bring to the notice of the Superintendent at his morning visit any patient who may appear sick,

excited, or out of temper, and she will invariably report to him every other circumstance to which his attention should be directed.

(*c*) The Matron will see that the female Keepers, and the other female servants, correctly perform their various duties, and must immediately report to the Superintendent or Warrant Medical Officers every case of harshness, neglect, or other misconduct.

107. *European Keepers.*—The European Keepers shall see that all the duties belonging to the Native Keepers and servants are duly performed, and immediately report any misconduct or irregularities to the Superintendent or Warrant Medical Officers. When the Superintendent is at his quarters, they are to obey all orders given by the Apothecary. They are to be present at the opening of the cells in the morning, and with the assistance of the Native Keepers, to inspect the person of every patient, and the furniture of every room. They shall see that the patients are cleanly in their persons and clothes, that furniture and fixtures are not injured or, broken: that rooms and bedding are properly aired, and that every part of the Asylum and the grounds is kept clean and in good order.

108. One Keeper will be present when the rations are served out to the cook, and will take care that they receive the proper quantities, and that the scales, weights, and measures are correct. At meal times they will inspect the food, arrange the patients in gangs, and see that the full quantity for each is issued. In case of deficiency, attempt on the part of a servant to purloin or receive food in barter or refusal on the part of a patient to eat, an immediate report must be made to the Apothecary.

109. The Keepers will receive and take care that all orders regarding the labour and exercise of the patients are duly carried out. One will specially superintend work in the garden and grounds, and be responsible for garden produce, and the other will look after and be responsible for manufactures. They will also furnish to the Superintendent, daily, statements of labour executed, and deliver at his office articles of produce and manufacture.

110. Throughout the day, the European Keepers will maintain a strict supervision over all parts of the Asylum, taking care that the patients are engaged in their allotted employments, that no quarreling takes place, and that the Native Keepers are attentive, and do not maltreat or abuse their charges.

Should a patient become excited while at work or exercise, he should be quietly removed by such a number of Native Keepers as will secure acquiescence, without wrangling or struggling, and the circumstance be reported to the Superintendent.

111. In the evening, these Keepers shall, in the presence of one of the Apothecaries, muster all the patients, and with the assistance of the Native Keepers examine their persons, and their rooms, taking possession of all such dangerous articles as bits of iron, nails, pointed bones, pieces of glass, bits of ropes or clothing torn and twisted into ropes. They will then see the patients duly arranged and, made comfortable, lock the doors, detail the Native Keepers whose turn it is to be on duty during the night, and see that each proceeds to his post and understands his duties. They will then deliver all the keys to the Apothecary, reporting the number of patients in each cell, and that the doors have all been locked, and the necessary precautions adopted.

112. The Keepers will take the night duties on alternate nights, and the one on duty will go round twice during the night and see that the Native Keepers are present and attentive. He will also, in case of sickness or excitement amongst the patients, be ready to assist the Native Keepers, and in case of any emergency, is to call the Apothecary. In the morning, the Keeper will report the various occurrences of the night to the Apothecary.

113. The Keepers are strictly to prevent the introduction of intoxicating liquors and drugs into the Asylum, and if such articles are found in the possession of a patient, they will immediately sieze them, and bring both the patient and the Native Keeper in charge to the notice of the Superintendent.

114. The Keepers are to prevent strangers from entering the premises, unless they have an order of admission from the Superintendent. When friends are visiting patients, they are not to allow them to give articles of food or money to the patients, without the special consent of the Superintendent. They are also strictly forbidden to receive, and must take care that the Native Keepers do not receive presents of any kind from patients or their friends. They are not to talk regarding the condition or extravagancies of patients with friends or visitors, but to refer them for information to the Superintendent or Apothecary.

115. The Keepers are not to permit letters or messages from patients to be sent out, or letters or messages for them to be delivered, without the sanction of the Superintendent.

116. The European Keepers must perform their duties with firmness, temper and unwearied kindness, and endeavour by every means in their power to win the confidence and regard of the patients. They must remember that they are of unsound minds, and not responsible agents, and never, in case of abuse or violence, retaliate by word or deed. They will find too, that although the mind may be deaf to reason, the heart generally remains open to kindnesss.

117. The Keepers shall obey all orders which shall from time to time be given to them by the Superintendent, and they shall keep an Order Book for the reception of these.

118. The Keepers are not to be absent without leave, and if sick, or absent on leave, must provide substitutes at their own expense.

119. The Keepers shall be appointed by the Superintendent, in communication with the Inspector General, Indian Medical Department, and in case of incompetence or misconduct, may be discharged, subject to the sanction of the same authority.

Sub-Section XV.

120. *Native Keepers, 1st Class.*—The 1st Class Native Keepers will assist in carrying out all orders that may be issued regarding the patients, establishment, or premises, by the Superintendent, Apothecaries, or European Keepers.

121. They will each have a certain number of patients, attendants, rooms, out-houses, and portion of premises committed to their care, and will be held responsible that every duty connected with their charge is properly and promptly performed, and for any neglect or misconduct on the part of the inferior Keepers.

122. They will be present all day, except two hours for meals, and it will be their especial duty to see that the rooms and premises generally are duly swept and kept in good order, furniture kept clean, bedding and rooms aired, and patients washed, bathed, neatly dressed, properly attended to, and kindly treated.

123. They will receive the clean clothing and bedding for the patients at the prescribed periods from the hospital steward, be responsible for every article of these until sent back dirty, and will keep an account of such receipts and returns in the Vernacular. They will also be responsible for the water filters, food, dishes, basins, drinking pots, padlocks, and all other articles committed to their charge, and must immediately report any breakage or loss.

124 They will also take care that the dry-earth system is duly carried out in the latrines and the earth closets, by causing Keepers to attend the patients when they go to a latrine, and seeing that the totis are constantly in attendance and performing their duties properly. They must prevent patients or attendants from defecating anywhere except in the latrines, and drains from being used for sewage purposes, and will see that the soiled earth from the latrines is carried to the proper place, and that rubbish and refuse matters are at once removed.

125. They will be present at the opening and shutting of the cells, they are to assist in mustering and searching the patients, and when meals are served they will see that the food has been properly cooked, and is presented in clean dishes, and that caste prejudices are not violated.

126. They will take the night duties on alternate nights, and the one present will see that all the inferior Keepers are attentive, and in case of misconduct,

report the culprit to the European Keeper on duty. He will also, should any patient prove persistently noisy or violent, summon the European Keeper.

127. They are to avoid all wrangling or altercation with their subordinates, and in case of any one of them disobeying orders, to report him immediately to the Apothecary. They will also be held responsible for all the subordinates being present, and that they do not quarrel, make a noise, or use bad language.

128. They must, under all circumstances, treat and see that the patients are treated kindly, remembering that they are insane, and, therefore, objects of pity, and not responsible for their words or acts. When abused or threatened by a patient, they must never seek to retaliate, but try to maintain a cool demeanour, and strive to calm him by some harmless concession or kind words. If attacked by a patient, they must never return a blow, but summon assistance by sounding their whistle.

129. They are strictly to obey the Asylum rules regarding messages, letters, forbidden article, and presents.

130. The 1st Class Native Keepers, and all other subordinate attendants and servants, will be appointed by the Superintendent, subject to the sanction of the Deputy Inspector General, Indian Medical Department, and in case of misconduct, they may be fined or discharged by him, subject to the confirmation of the same authority.

131. Applications for leave of absence from any of the Native Keepers or servants must be made through the Apothecary to the Superintendent during the morning visit. A Keeper or servant absent on any account for more than twelve hours must provide a substitute.

Sub-section XVI.

132. *Second and Third Class Keepers and Female Keepers*.—These are promptly to obey all orders given to them by their superiors, and to perform all their duties in a quiet and orderly manner.

133. They are to be present during the entire day from the opening to the shutting of the cells, except at meal times, when a certain number will be allowed to go outside for a couple of hours.

134. Each will have a certain number of patients, and concomitant duties assigned to him, and the more intelligent of the 2nd Class Keepers will be selected as *Overseers* in the work-sheds, garden, and grounds.

135. When the doors are opened in the morning, and the rooms and patients have been examined, each will collect the patients under his care, have them cleanly washed and dressed, remove dirty bedding and clothing, and arrange and keep tidy furniture and bedding.

136. They will also be present when the patients are eating their meals, see that each takes his food properly, and assist such as cannot help themselves. In case of a patient complaining of the quality of, or refusing to take food, they are to report the circumstance to an European Keeper.

137. Throughout the day they will constantly be present with the patients, to prevent escapes or accidents, and give such assistance and attention as may be necessary. When the patients are at labour, they will obey the Overseers, and see that the patients do not injure tools, waste materials, or spoil the work. The Overseers will be responsible for the implements issued, and will every evening hand them over to the European Keepers.

138. In the evening they will collect the patients for muster, examine their persons and rooms for dangerous articles, and see them comfortably arranged for the night. Should a patient become sick or violent during the night, they will call the European Keeper on duty.

139. They are not to allow patients to defecate or urinate, or do so themselves, except in the appointed places, and when a patient goes to the latrine, a Keeper must, as a rule, accompany him.

140. They are, under all circumstances, to treat the patients kindly, and in case of any of them becoming excited, to summon assistance. Any Keeper found negligent of, or using offensive language to, a patient will be fined and any one found guilty of cruelty will be discharged, and handed over to a Magistrate for punishment.

141. In case of accident, attempt to escape, or other emergency, those on the spot will sound the whistles, with which each will be provided, and all those hearing the alarm must at once hasten to give assistance.

142. They are strictly to obey the Asylum rules regarding messages, letters, forbidden articles, and presents; and, in default, will be severely punished.

143. One half of the Keepers will be permitted to sleep at home every alternate night, but must be again at their posts at gun-fire.

144. Besides the duties specified here, they must attend to any other assigned to them by the Superintendent, or under his sanction.

145. They are not to be absent without leave.

SCHEDULE.

FORM A.

Certificate of Medical Officer (see Sub-sections IV and VIII).

I, the undersigned (here enter name and official designation), hereby certify that I, on the day of at , personally examined (here enter name, and residence of lunatic), and that the said is a lunatic (or an idiot, or a person of unsound mind), and a proper person to be taken charge of, and detained under care and treatment, and that I have formed this opinion on the following grounds namely,—

1. Facts indicating insanity observed by myself (here state the facts).

2. Other facts (if any) indicating insanity communicated to me by others (here state the information and from whom).

(Signed)_____

FORM B.

Order for the Reception of a Private Patient (see Sub-section VII).

I, the undersigned, hereby request you to receive A. B., a lunatic (or an idiot, or a person of unsound mind), as a patient into your Asylum. Subjoined is a statement respecting the said A. B.

(Signed) Name.

Occupation (if any).

Place of abode.

Degree of relationship (if any), or other circumstances of connection with the patient.

Dated this day of one thousand eight hundred and

To the Superintendent of the Asylum at (describing the Asylum).

Judicial, dated 3rd September 1895.

STATEMENT.

(If any of the particulars in the Statement be not known, the fact to be so stated).

Name of patient, with Christian name at length.
Sex and age.
Married, single, or widowed.
Condition of life and previous occupation (if any).
The religious persuasion, as far as known.
Previous place of abode.
Whether first attack.
Age (if known) on first attack.
When and where previously under care and treatment.
Duration of existing attack.
Supposed cause.
Whether subject to epilepsy.
Whether suicidal.
Whether dangerous to others.
Whether found lunatic by inquisition or inquiry, under order of Court, and date of commission or order for inquisition or enquiry.

Whether any member of patient's family has been, or is affected with insanity.

(Signed) Name.

When the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added, namely,—

Occupation (if any).

Place of abode.

Degree of relationship (if any), or other circumstances of connection with the patient.

FORM C.

Mode of taking Notes of the Case of an Insane Patient.

Disease.	Cause . { Moral. / Physical.
Name.	Whether hereditary or otherwise..
Age.	Habits and disposition.
Sex.	Degree of education.
By whom sent.	Natural affection, perverted or not.
Date of admission.	Evidences of insanity.
Temperament.	Form of insanity.
Married or single.	Dangerous to self or others.
Number of children.	Certificates.
Occupation.	Previous treatment.
Where born and residence.	State of bodily health.
Religion.	Any injuries from violence.
Whether first attack, and duration of present attack.	

No. 345 —J 346, [illegible] [illegible] 1895.

ORDER THEREON.—The foregoing copies will be forwarded to the Officer in charge of the Lunatic Asylum, Bangalore City, for information and guidance.

2. The cost of maintenance of the lunatics sent to the State Asylum from the Civil and Military Station, Bangalore, will be adjusted as heretofore.

V. N. NARASIMMIYENGAR,
General Secretary.

To—The Officer in charge of the Lunatic Asylum, Bangalore.

Exd.—H.A.R.

1895-96

GOVERNMENT OF MYSORE

JUDICIAL

PROCEEDINGS

Dated 3rd September 1895

No. 3155
J. 846

Communicating to the Senior Surgeon copy of the Resident's Proceedings sanctioning the rules in Section XVII of the Madras Medical Code, Vol. II, for regulating the management of the Lunatic Asylum in the City of Bangalore, so far as the patients belonging to the Civil and Military Station are concerned.

M.G.C.P.B.—9-10-95.—120